	IVIC-330
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
-	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
CASE NAME:	
RECEIPT AND ACKNOWLEDGMENT OF ORDER FOR THE DEPOSIT OF MONEY INTO BLOCKED ACCOUNT	CASE NUMBER:
(Attach a copy of the Order to Deposit Money Into Blocked Accou	nt to this receipt)
1. I acknowledge receipt of the Order to Deposit Money Into Blocked Account, a copy of which is attached.	
2. The account described below in which funds have been deposited under the court's order	r is a federally insured, blocked account.
3. Name and title on the account:	
4. Name of depository:	
a. Branch:	
b. Address:	
5. Account number:	
6. Date account opened:	
7. Amount of initial deposit: \$	
7. Allieuri et illitar deposit.	
8. Present balance: \$	
I certify that I am authorized to execute this receipt and acknowledgment, and that no withdra	awal of principal or interest from this
account will be permitted without a signed court order under this case name and number, be	aring the seal of this court.
Date:	
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TYPE OR PRINTINGS	(AUTHORITED GIONATURE)
(TYPE OR PRINT NAME)	(AUTHORIZED SIGNATURE)
Tido	
Title:	